

STATEMENT OF FACTS DEALER

VEHICLE/HULL IDENTIFICATION NO. (VIN/HIN)	ENGINE NO.	MAKE	CALIFORNIA LICENSE PLATE/CF NO.									
Incorrectly Reported Vehicle/Vessel	The vehicle or vessel was incorrectly reported on: Report of Sale Number _____ Dated _____ Please correct the following checked boxes: <div style="margin-left: 20px;"> <input type="checkbox"/> VIN/Eng. No./Hull No. _____ <input type="checkbox"/> Make _____ <input type="checkbox"/> Year Model _____ <input type="checkbox"/> Body Type _____ <input type="checkbox"/> Fuel _____ <input type="checkbox"/> No. of Axles _____ <input type="checkbox"/> Unladen Wt. _____ <input type="checkbox"/> Trailer coach only Length _____ in. Width _____ in. <input type="checkbox"/> Trailer coach location _____ <input type="checkbox"/> Vessel location _____ </div> Correct registered owner/legal owner information: Registered owner(s): _____ Registered owner address: _____ Legal owner: _____ Legal owner address: _____ Accept this statement as authorization to register the vehicle/vessel as described.											
Certification of Non-Delivery	The vehicle/vessel never left our premises, and was never in the possession of: (Name[s]) _____											
Application for Special Identification Plate	I am a <input type="checkbox"/> Dealer <input type="checkbox"/> Manufacturer of special construction, mobile or cemetery equipment, tow dolly, logging vehicle, or implements of husbandry; I am applying for an identification plate. Previous identification plate number, if any _____											
Foreign Resident In-Transit Permit (30 days – \$60)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">DATE OF FIRST OPERATION Mo. Day Year</td> <td colspan="2" style="width: 60%;">TRUE FULL NAME OF FOREIGN BUYER (LAST, FIRST, MIDDLE)</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> PASSPORT NUMBER OR <input type="checkbox"/> VISA NUMBER </td> <td>COUNTRY ISSUING DOCUMENT</td> </tr> <tr> <td colspan="2">PERMIT NUMBER</td> <td>EXPIRATION DATE</td> </tr> </table>			DATE OF FIRST OPERATION Mo. Day Year	TRUE FULL NAME OF FOREIGN BUYER (LAST, FIRST, MIDDLE)		<input type="checkbox"/> PASSPORT NUMBER OR <input type="checkbox"/> VISA NUMBER		COUNTRY ISSUING DOCUMENT	PERMIT NUMBER		EXPIRATION DATE
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I further agree to indemnify and save harmless the Director of the Department of Motor Vehicles, State of California, and subsequent purchasers of this vehicle or vessel, for any loss suffered resulting from registration of this vehicle or vessel in California, and from issuance of a California certificate of ownership.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	AUTHORIZED SIGNATURE X	PRINTED NAME
DEALER/FIRM NAME		DEALER NUMBER
DEALER/ADDRESS		TELEPHONE NUMBER ()